OD – 18

Miller County Sheriff's Office
Detention Division

I -INV # 2018 - _____

REPRIMAND FORM

Employee's Name: Studdard (Last) Christian (First) _____ (MI) DOB: _____

Job Title: Cpl. Shift: 2nd

Date of Violation (s): _____ Date Investigation Completed: _____

VIOLATION(S):

Level: 2 Number: 24c Rule: Use of Excessive force

Level: _____ Number: _____ Rule: _____

FINDINGS (check one) :

GUILTY

☑ Yes ☐ No

☐ Yes ☐ No

Synopsis of Incident: See Attachment

DISCIPLINARY ACTION:

Check and complete one or more of the following:

- ☐ NO DISCIPLINE IMPOSED (Provide justification at bottom of page if there were 'guilty' findings.)
- ☐ REPRIMAND ONLY
- ☐ DISCIPLINARY PROBATION: _____ BEGINNING: _____ ENDING: _____
- ☐ SUSPENSION WITHOUT PAY: _____ (Work Days) BEGINNING: _____ ENDING: _____
- ☐ REDUCTION IN PAY: $_____ BEGINNING: _____ ENDING: _____
  Method Used: ☐ Step (Hourly rate) $_____ ☐ Minimum established rate (Hourly rate) $_____
- ☑ DEMOTION TO (Title and Salary Group) CO _____ $_____ BEGINNING: _____ ENDING: _____
- ☐ DISMISSAL RECOMMENDED

DISCIPLINE IS: ☐ Within ☐ Above ☐ Below the guidelines. (Provide Justification below, if ABOVE OR BELOW THE GUIDELINES.)

(For violations of Use of Excessive or Unnecessary Force - Non-Provoked w/Serious Injuries or Failure to Report: Relating to Use of Deadly, Excessive or Unnecessary Force – Non-Provoked with Serious Injuries; check one of the following: This violation ☐ did ☐ did not involve an aggravated use of excessive force.)

JUSTIFICATION (IF APPLICABLE): _____

Cpl Richard Henderson — **Reprimanding Authority, Name and Title (Printed)**

Signature

5-3-20 — **Date**

Employee's Acknowledgment: I have been advised of the procedures of progressive disciplinary actions, and my right to file a grievance. I acknowledge receipt of a copy of this reprimand and know the original is to be placed in my Master Employee File. If recommended for dismissal, I verify the following are my current address and phone number:

Mailing address: _____

Phone Number: _____

Employee's Signature: _____ **Date:** _____

Original: To Administrative Office/Employee File with a copy of supporting documentation
Copy: To Employee

MILLER COUNTY DETENTION FACILITY

Employee Write Up

Supervisor Statement

1. On May 2, 2020 at 2339 Cpl. Studdard responded to a call from Officer Lowrey in West Fox Trot (309 bedroom on camera). He entered the pod with a JPX in each hand ask Lowrey if he gave inmate Mccollum and orders yet and when he was told yes 3 orders had been given Cpl. Studdard shot Mccollum with both chambers at less than 7 feet while he was sitting on his rack. JPX rules state no less than 7 foot distance any lower and injury can happen. The nurse was not here at the time but he was checked in the morning by Nurse Loni and he had visible wounds on his ear where he was shot. There is a picture attached to disp.

Cpl Richard Henderson	Cpl R Henderson	5-3-20 2207
Supervisor's Printed Name	**Supervisor's Signature**	**Date/Time**